



Serial # _____

Ship Date _____

Ship _____

Pick-up _____

2351 Parkwood Road, Snellville, GA 30039 * 770-972-0763 * eaglesportschairs@gmail.com

Push Racer

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone _____ Work or Cell _____
Disabililty _____ Gender _____
Age _____ Height _____ Weight _____
Email address _____

Payment Information

How will you make this purchase? Credit Card _____ Check _____ *Payment must be received prior to shipping*

Chair Specifications

Specify: Inches _____ or Metric _____

Seat Width: _____ Seat Depth: _____ Back Height: _____

Top of Shoulder: _____ Top of Head: _____

Runner's distance between elbow and ground in running position: _____

Standard Features

- _____ Standard Spoked Wheels
- _____ Nylon Fabric Upholstery
- _____ 2" Foam Cushion
- _____ Adjustable Footrest and Velcro Straps
- _____ Chest Elastic Straps

Frame Color _____

Options – Additional Charges

- _____ Corima Carbon Fiber Front Wheel
- _____ Carbon Fiber Disc Wheels: _____ Zipp _____ Corima
- _____ Headrest
- _____ Arrow Wheel Covers

Special Notes _____

*Please make the measurements while sitting as if you were in the chair to be manufactured. Also, indicate the units of measurement used (i.e. Feet/Inches or Metric). If you have any questions, please call 770-972-0763.
**Please review this form. Every Eagle chair is a custom product and is not returnable or refundable. If we make a mistake in manufacturing we will correct our mistake at no charge. If you make a mistake when ordering, you will be responsible for any additional charges including shipping and handling. By providing your information, signing below, and submitting this form, you are agreeing to these terms.

Signature _____ Date _____